30 July 2015

Phase 1 Testing Questionnaire
Honey Bee (*Apis mellifera*) Larval Toxicity Test, Repeated Exposure

We would appreciate input from each potential participating laboratory in the Phase 1 testing of the honey bee larval toxicity test, repeated exposure conducted using the UF method. **Please send your response to the information below to Dan Schmehl (daniel.schmehl@bayer.com) as soon as possible**. See also the list of potential participating laboratories (dated 29 July 2015) and the last memo summarizing the design of the project (dated 30 July 2014). Please let us know if you have any questions filling in this information. **We would appreciate photographs being taken of the larval and pupal plates at D3 and D6 of the larval stage of development (prior to feeding), and D12 of the pupal stage of development.**

We will be distributing Phase 1 updates and additional information to the emails listed within the Please let us know if there are other individuals at your laboratory that would like to be added to the Phase 1 email list.

#	**Item**	**Input from participating laboratory**
1	Lab contact	Name: Phone: Email:
2	Lab mailing address	
3	Geographic Testing Location (if different than lab address)	
4	What is the typical duration of your grafting season for your specific geographic location?	
5	Date of Grafting	
6	Weather conditions- Please list the temperature and any adverse weather for the week the frame is held within the colony	Placing queen within excluder cage: Removal of queen from excluder cage: One day after queen is removed from cage: Two days after queen is removed from cage: Day of transporting the frame to the laboratory for grafting:

#	**Item**	**Input from participating laboratory**
7	Colony Status and Frame Transport	Date of last miticide treatment: Number of queens caged: Number of frames with young larvae suitable for grafting: Time and date of placing queen in cage: Time and date of removing queen from cage: Time and date of transferring frames to laboratory: Did you use a heat pack during transport?:
8	Description of Person(s) grafting	Number of grafters: Years of grafting experience for each grafter: Magnifier used during grafting?: Grafting start time: Grafting end time:
9	Grafting station description (Check all that apply)	___ Clean hood ___ Bench top ___ Space heater ___ Heat block with set-point ___ Heat pad/coil with set-point ___ Fiber Optic light source ___ Head lamp light source ___ Sanitized grafting location ___ Gloves worn while handling plates/entering desiccator ___ Face mask worn during feeding and monitoring of larvae and pupae
10	Type/model of equipment/tools used:	Desiccator: Incubator: Grafting tool: Pipette:

#	**Item**	**Input from participating laboratory**
		Sterile culture tissue plate:
11	Diet composition and mixing:	Royal Jelly Source: D-glucose Source: D-fructose Source: Yeast Extract Source: Water Source: Method of mixing diet (eg. vortex)?: Density of 1 mL of diet for: - Diet A: - Diet B: - Diet C: Was diet prepared within a clean hood?
12	What was the set point of the incubator used for rearing?	
13	What was the actual temperature and humidity within the desiccators (measured using a data logger)?	Larval desiccator: Pupal desiccator:
14	What items on the standardized list of required supplies were not used during Phase 1?	
15	Is your laboratory conducting the UF method in parallel with the current OECD Guidance Document?	Yes: ___ No: ___
16	Do you have any questions or comments on the design or timing of the study?	